

N<sup>o</sup> 2.

No 5.

D. Cox.

A

Disquisition

on

*Breconia hypoleuca.*

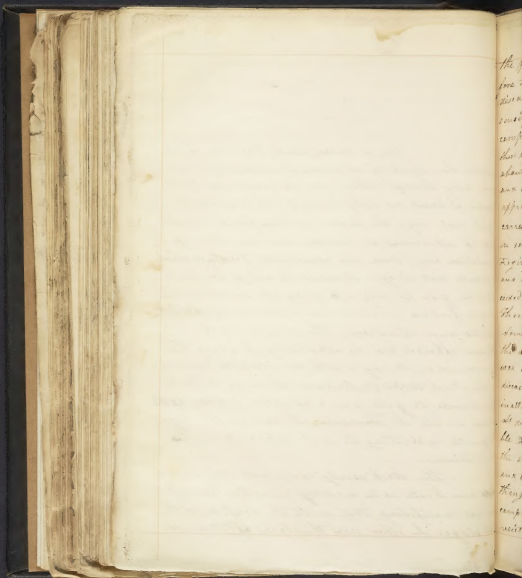
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by Mr. Paxson of Virginia  
exam<sup>d</sup> & ap<sup>d</sup> March 4<sup>th</sup> 1817.

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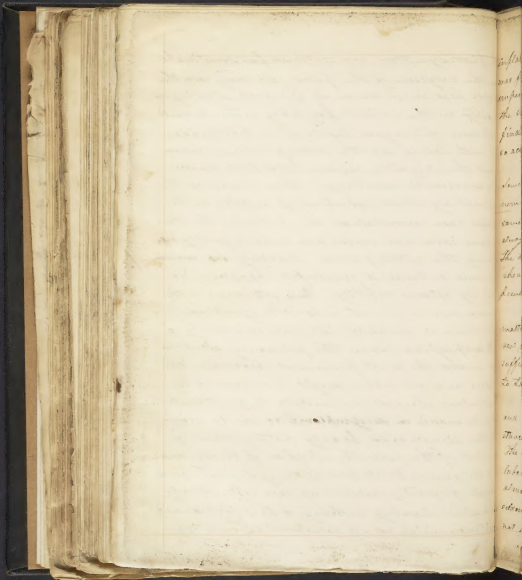
On a disease, which has been of late so much the object of attention, I cannot hope to advance any thing either new or interesting. But, indeed, I know no subject, on which a candidate might not urge the same excuse. — for, to him, the field of experience is limited, and the wilds of speculative conjecture, are concealed forests, in which he should not stray. I would he would for me, detail to you its origin & progress, or exhibit the various features, which it has assumed in different climates and situations. The friendship of Dr. Harsen afforded me an opportunity of seeing the disease, when it raged with considerable violence in the Philadelphia-Prison. Leaving it for a-bler hands to give you a complete history of the disease in all its diversities, I shall content myself, with exhibiting it, as it appeared in this institution.

The attack usually commenced with alternate chills and heats, as in ordinary fevers; the local affection not manifesting itself until the accession of the hot stage. In other cases the local affection was



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the first symptom, and continued for some time, before the accession of the fever. In many cases the disease was insidious in its approach, stealing insensibly on the patient: for a day or two, he would complain of languor, lassitude and debility, together with loss of appetite, a disagreeable sensation about the epigastric region, bitter taste, nausea, and occasional vomiting. These announced the approaching attack, which unless arrested in its career, soon overwhelmed the patient. The attack in some cases, was sudden and violent, quickly exhausting the vital powers. Fainting was common and once or twice it counterfeited apoplexy, succeeded by extreme debility. Pain somewhere in the thorax, was an almost invariable symptom. Sometimes it was acute, but more commonly of the oppressive kind. The pulmonary affection was indeed the most prominent feature in the disease and one which might have induced an inattentive observer to mistake it for Pleurisy. It did indeed, in its symptoms, so nearly resemble this disease, as to be only distinguished by the state of the pulse, the oppression of the countenance, and the general prostration of the system. The pulse though frequently pulsans, was soft and easily compressed, shewing nothing of that tension and resistance which we are accustomed to, in active



inflammation of the thorax. Most commonly the pain was frequent and soth; occasionally it was remitt-  
imperceptible, at times it intermitted. I think too,  
the stomach was more affected than we commonly  
find it in Pleurisy and that the pain was not  
so acute, but more of the sickly oppressive kind.

The right side was most commonly affected.  
Sometimes the pain was in the left or under the sternum.  
During the continuance of the disease, the pain  
sometimes changed its situation. This change was  
always preceded by an intermission of some hours.  
The attack was accompanied with pains, resembling  
rheumatism, all over the body, and attended with a  
peculiar soreness of the flesh.

The stomach was much disordered, and the  
matter discharged was of a bilious nature. The  
fever was high, and during its continuance seldom  
suffered much remission. Lack not seemed to  
take any peculiar type.

The difficulty of respiration, shortness of breath  
and cough were always distressing, and in some in-  
stances appeared to constitute the principal complaint.  
The respiration was in many cases so difficult and  
laborious, and attended with such exquisite painness  
almost to threaten suffocation. The throat was but  
seldom affected, and in those, the anginae affliction was  
not so considerable as to form a prominent feature in the disease.

*[Faint, illegible handwriting in a cursive script, likely from the 18th or 19th century. The text is written in a single column across the page.]*

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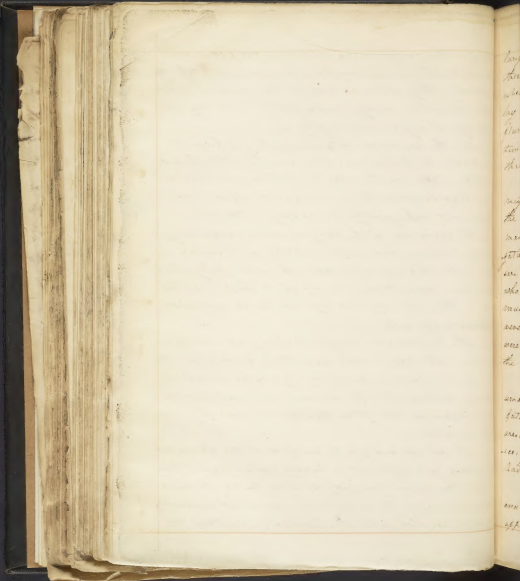
In the severe cases, *scelerium* was a common attendant; others were comatose and could with difficulty be roused. They appeared stupid and absent, but when spoken to rather loudly, would answer distinctly and rationally, though unwillingly.

In the commencement the cough was frequent and hard; the patient spat little, and that little, afforded no relief. Towards the close the sputum was more copious, coughed up with more ease, and afforded more relief - not infrequently it was tinged with blood.

The appearance of the tongue varied considerably. Usually it was covered with a whitish or brownish coat. At other times it was red and glossy. In a few severe cases it was nearly of its natural appearance. The skin was hot, dry and hard - sometimes preternaturally cold.

The countenance always expressed great anxiety and distress. It had indeed something so peculiar in it, that by it alone, a discerning eye could almost infallibly distinguish the disease. In most cases, the bowels appeared but little affected; in some they were rather torpid.

I saw not enough to convince me the disease was contagious, yet sufficient to induce me to suspect it to be so. The nurses generally escaped it - as also others, who were near with in the sick rooms; but occasionally they were troubled with the precursory symptoms, viz.



I have the honor to acknowledge the receipt of your letter of the 11th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully,  
 Yours, Sir, very obediently,  
 J. M. Smith

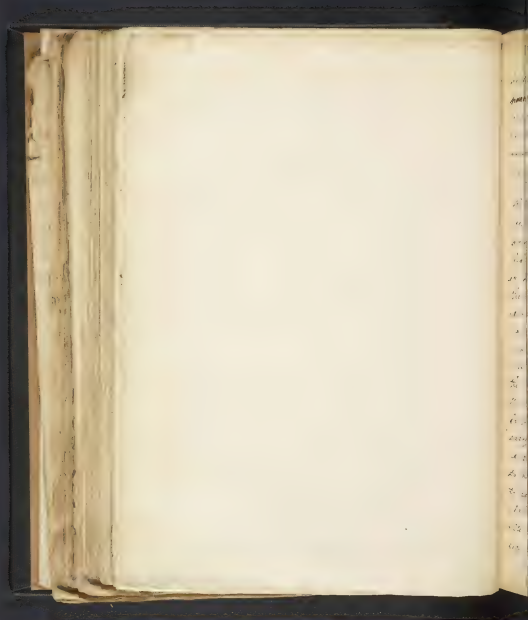
The first of these is the fact that the  
 government of the United States is not  
 a unitary system. It is a federal system  
 in which the powers of the federal government  
 are limited by the powers of the state  
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 government. It is a federal government.

[illegible]

L'œuvre est une œuvre de haute valeur,  
 une œuvre d'art de haute valeur. Elle est  
 digne de la place qu'elle occupe dans la collection.

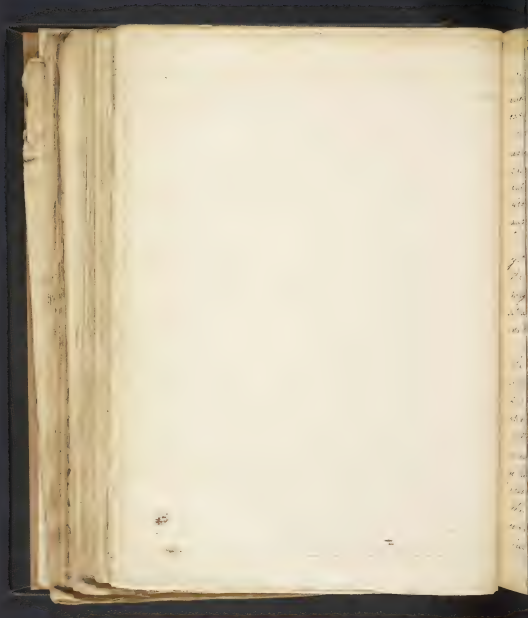






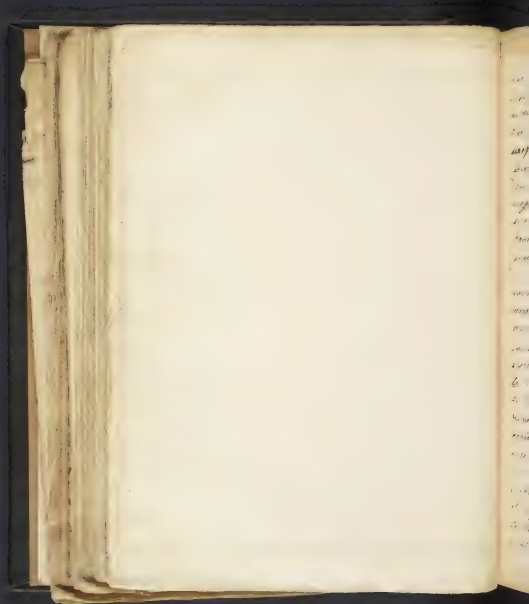
dealing with a state of hostility, the only way to win is to  
hurry when the initiative is ours, and to wait when  
 it is not, with great patience in the most difficult  
 moments of the action. It is, of course, not a  
 question of the number of men, but of the  
 quality.

[illegible]

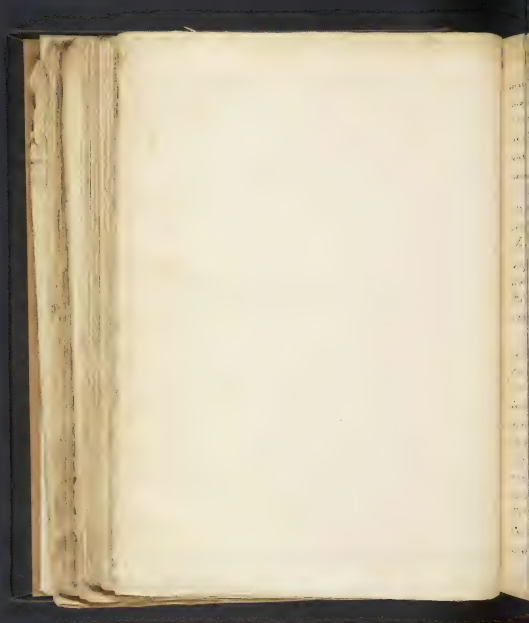








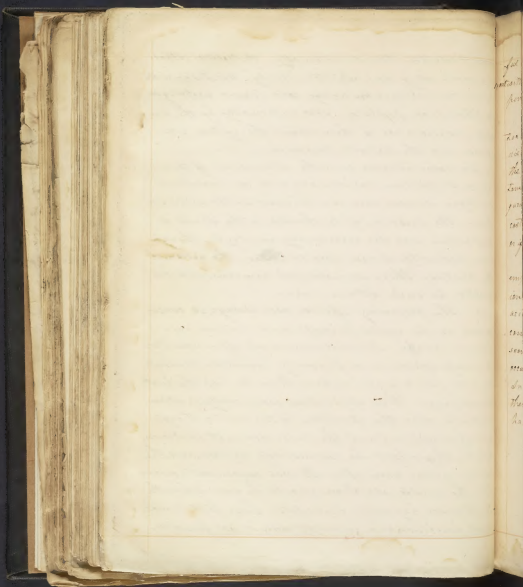




most powerful stimuli internally. The Mustard, Alkali  
and wine, were exhibited freely. Hot Leger, and  
punch were also in many cases found useful, given  
as liberal as possible. But infrequently by the free  
and judicious use of these means the system was  
revived and the patient preserved.

In some extreme cases the external use of the spi-  
rit of Turpentine was attended with considerable ad-  
vantage. It was used as a liniment to the entire sur-  
face. The Liqueur of Cantharides in the spirit of  
Turpentine was also occasionally employed - though  
more frequently, it was used to ~~draw~~ <sup>draw</sup> on the action of  
the blisters. These are powerful remedies, and well  
adapted to such extreme cases.

The pulmonary affection was always so consi-  
derable as to require prompt and decisive means  
for its relief. Blisters were most efficacious. They  
were early applied, and frequently renewed. Resorp-  
tion was found more useful, than to keep the first  
discharging. Their application was usually postponed  
until after the operation of the emetic, though  
not of necessity, for if the pulse did not contrain-  
dicate, they might be immediately applied, and the  
emetic given soon after. It was convenient however  
that the emetic operation should be over, before the  
Cantharides began to stimulate. Large blisters were  
most beneficial, and in many cases, it was found con-



ful to accelerate their action, by previously rubbing a  
part with the decoction of cantharides in the spine of San-  
pontine.

The cough was allayed by demulcent and pro-  
prie mistures. It declined in most cases, with the  
disease, though in a few cases it continued to harass  
the patient for several weeks after every other symp-  
tom had disappeared. The patient's bowels were fre-  
quently regular throughout the disease when tea  
castings, laxatives were exhibited; when tea castings,  
or if necessary the castoreous Salap, some water be-

During convalescence, the bitter and tonic were  
employed, and a generous diet allowed. The Infu-  
sion of Quassia, acidulated with some of the mineral  
acids, afforded a pleasant and useful tonic. The  
convalescence was generally rapid and the patient  
soon regained his previous health. Relapses seldom  
occurred, when they did, they were generally fatal.  
In a few instances it appeared to terminate in an-  
other disease, particularly ~~but~~ pleurisy, which  
had a fatal issue.

